## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

| SERIAL NO. | FILING DATE |
|---|---|
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | | | | | |
| 6 | | 3 | | | | |
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| 8 | | 3 | | | | |
| 9 | | 3 | | | | |
| 10 | 1 | | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
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| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 24 | | | | | |
| TOTAL CLAIMS | 29 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |